

APPLICATION FOR LICENSE

WIRE ROPE INSPECTOR



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF ELEVATOR AND TRAMWAY SAFETY

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8629
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Wire Rope Inspector

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- License application and payment for \$140.00 (Make Checks Payable to: Treasurer State of Maine)
 - \$100.00 License Fee
 - \$25.00 Application Fee
 - \$15.00 Criminal Background Check Fee

Incomplete applications will be returned.

ELIGIBILITY REQUIREMENTS

An applicant must have five (5) years experience in wire rope manufacture, installation, maintenance and/or inspection.

CRIMINAL BACKGROUND CHECK - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

WIRE ROPE INSPECTOR LICENSE APPLICATION

Date

STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL & FINANCIAL
 REGULATION
 OFFICE OF LICENSING AND REGISTRATION
BOARD OF ELEVATOR & TRAMWAY SAFETY
 35 STATE HOUSE STATION
 AUGUSTA, ME 04333
 TEL: (207)624-8672 FAX: (207)624-8636
 HEARING IMPAIRED: 1-888-577-6690

Office Use Only	
Check #:	_____
Amount:	_____
License #:	_____
Issued:	_____
Expires:	_____
CN #:	_____
4530-1435	\$100.00
4530-1446	\$25.00
4530-2619	\$15.00

LICENSE FEE:	\$100.00
APPLICATION FEE:	\$ 25.00
CRIMINAL BACKGROUND CHECK FEE:	<u>\$ 15.00</u>
TOTAL DUE:	\$140.00

PAYMENT OPTIONS:	<input type="checkbox"/> Check or Money Order Payable to "Treasurer State of Maine". <input type="checkbox"/> Credit Card: MasterCard or VISA Only. Complete the following:
I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exp. Date _____/_____/_____ in the amount of \$_____. Signature _____	

<p>NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.</p>	<p>SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.</p>
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NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:
County:	Home Telephone: (____) _____ - _____	
	Work Telephone: (____) _____ - _____	
Social Security Number _____ - _____ - _____		
Date of Birth: _____/_____/_____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Any other name used:		

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

PRESENT OR LAST EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

YOUR TITLE: _____

DETAIL OF WORK PERFORMED: _____

EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

YOUR TITLE: _____

DETAIL OF WORK PERFORMED: _____

EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

YOUR TITLE: _____

DETAIL OF WORK PERFORMED: _____

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any person who procures an inspector's license by fraud is guilty of a misdemeanor and may be punished by a fine, imprisonment, or both.

This application must be signed in order to be processed.

Sign: _____ Date: _____

(Signature of Applicant)